

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012684	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/11/2012
NAME OF PROVIDER OR SUPPLIER VITAS HEALTHCARE CORPORATION MIDWEST			STREET ADDRESS, CITY, STATE, ZIP CODE 3209 W SMITH VALLEY RD STE 214 GREENWOOD, IN 46142		
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{S 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a follow-up to the Initial Hospice COP certification survey conducted on February 8-10, 2012, that resulted in conditions being cited.</p> <p>Survey date: October 10 and 11, 2012</p> <p>Facility #: 012684</p> <p>Medicaid Vendor #: N/A</p> <p>Surveyors: Marty Coons, RN, PHNS, Team Leader Kelly Ennis, RN, BSN, PHNS</p> <p>As a result of this survey, 2 COP and 12 standard level deficiencies were found corrected. Vitas Healthcare Corporation Midwest was found to be back in compliance with IC 16-25-3 and the Condition of Participation 42 CFR 418.56 Interdisciplinary Group, Care Planning, and Coordination of Services and 418.76 Hospice aide and homemaker services.</p> <p>Active Census-6 Record Review-4</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 15, 2012</p>	{S 000}			
{S 512}	<p>418.52(c)(1) RIGHTS OF THE PATIENT</p> <p>The patient has a right to the following: (1) Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness;</p> <p>This STANDARD is not met as evidenced by:</p>	{S 512}			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

2KGH12

If continuation sheet 1 of 16

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{S 512}	Continued From page 1	{S 512}			
{S 522}	<p>418.54(a) INITIAL ASSESSMENT</p> <p>The hospice registered nurse must complete an initial assessment within 48 hours after the election of hospice care in accordance with §418.24 is complete (unless the physician, patient, or representative requests that the initial assessment be completed in less than 48 hours.)</p> <p>This STANDARD is not met as evidenced by:</p>	{S 522}			
{S 523}	<p>418.54(b) TIMEFRAME FOR COMPLETION OF ASSESSMENT</p> <p>The hospice interdisciplinary group, in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care in accordance with §418.24.</p> <p>This STANDARD is not met as evidenced by:</p>	{S 523}			
{S 530}	<p>418.54(c)(6) CONTENT OF COMPREHENSIVE ASSESSMENT</p> <p>[The comprehensive assessment must take into consideration the following factors:]</p> <p>(6) Drug profile. A review of all of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes, but is</p>	{S 530}			

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{S 530}	Continued From page 2 not limited to, identification of the following: (i) Effectiveness of drug therapy (ii) Drug side effects (iii) Actual or potential drug interactions (iv) Duplicate drug therapy (v) Drug therapy currently associated with laboratory monitoring. This STANDARD is not met as evidenced by:	{S 530}			
{S 533}	418.54(d) UPDATE OF COMPREHENSIVE ASSESSMENT The update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days. This STANDARD is not met as evidenced by:	{S 533}			
{S 534}	418.54(e)(1) PATIENT OUTCOME MEASURES (1) The comprehensive assessment must include data elements that allow for measurement of	{S 534}			

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{S 534}	Continued From page 3 outcomes. The hospice must measure and document data in the same way for all patients. The data elements must take into consideration aspects of care related to hospice and palliation. This STANDARD is not met as evidenced by:	{S 534}			
{S 535}	418.54(e)(2) PATIENT OUTCOME MEASURES (2) The data elements must be an integral part of the comprehensive assessment and must be documented in a systematic and retrievable way for each patient. The data elements for each patient must be used in individual patient care planning and in the coordination of services, and must be used in the aggregate for the hospice's quality assessment and performance improvement program. This STANDARD is not met as evidenced by:	{S 535}			
{S 559}	418.58 QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT This CONDITION is not met as evidenced by:	{S 559}			
{S 560}	418.58 QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT The hospice must develop, implement, and	{S 560}			

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{S 560}	Continued From page 4 maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS. This STANDARD is not met as evidenced by:	{S 560}			
{S 561}	418.58(a)(1) PROGRAM SCOPE (1) The program must at least be capable of showing measurable improvement in indicators related to improved palliative outcomes and hospice services. This STANDARD is not met as evidenced by:	{S 561}			
{S 562}	418.58(a)(2) PROGRAM SCOPE (2) The hospice must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations.	{S 562}			

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{S 562}	Continued From page 5 This STANDARD is not met as evidenced by:	{S 562}			
{S 563}	418.58(b)(1) PROGRAM DATA (1) The program must use quality indicator data, including patient care, and other relevant data, in the design of its program. This STANDARD is not met as evidenced by:	{S 563}			
{S 564}	418.58(b)(2) PROGRAM DATA (2) The hospice must use the data collected to do the following: (i) Monitor the effectiveness and safety of services and quality of care. (ii) Identify opportunities and priorities for improvement. This STANDARD is not met as evidenced by:	{S 564}			
{S 566}	418.58(c)(1)(i) PROGRAM ACTIVITIES (1) The hospice's performance improvement activities must: (i) Focus on high risk, high volume, or problem-prone areas. This STANDARD is not met as evidenced by:	{S 566}			

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{S 566}	Continued From page 6	{S 566}			
{S 567}	418.58(c)(1)(ii) PROGRAM ACTIVITIES [The hospice's performance improvement activities must:] (ii) Consider incidence, prevalence, and severity of problems in those areas. This STANDARD is not met as evidenced by:	{S 567}			
{S 568}	418.58(c)(1)(iii) PROGRAM ACTIVITIES [The hospice's performance improvement activities must:] (iii) Affect palliative outcomes, patient safety, and quality of care. This STANDARD is not met as evidenced by:	{S 568}			
{S 569}	418.58(c)(2) PROGRAM ACTIVITIES (2) Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospice. This STANDARD is not met as evidenced by:	{S 569}			

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{S 570}	Continued From page 7	{S 570}			
{S 570}	418.58(c)(3) PROGRAM ACTIVITIES (3) The hospice must take actions aimed at performance improvement and, after implementing those actions, the hospice must measure its success and track performance to ensure that improvements are sustained. This STANDARD is not met as evidenced by:	{S 570}			
{S 571}	418.58(d) PERFORMANCE IMPROVEMENT PROJECTS Beginning February 2, 2009, hospices must develop, implement and evaluate performance improvement projects. This STANDARD is not met as evidenced by:	{S 571}			
{S 573}	418.58(d)(2) PERFORMANCE IMPROVEMENT PROJECTS (2)The hospice must document what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects. This STANDARD is not met as evidenced by:	{S 573}			
{S 574}	418.58(e)(1) EXECUTIVE RESPONSIBILITIES The hospice's governing body is responsible for	{S 574}			

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{S 574}	Continued From page 8 ensuring the following: (1) That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained, and is evaluated annually. This STANDARD is not met as evidenced by:	{S 574}			
{S 575}	418.58(e)(2) EXECUTIVE RESPONSIBILITIES [The hospice's governing body is responsible for ensuring the following:] (2) That the hospice-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness. This STANDARD is not met as evidenced by:	{S 575}			
{S 576}	418.58(e)(3) EXECUTIVE RESPONSIBILITIES [The hospice's governing body is responsible for ensuring the following:] (3) That one or more individual(s) who are responsible for operating the quality assessment and performance improvement program are designated.	{S 576}			

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{S 576}	Continued From page 9 This STANDARD is not met as evidenced by:	{S 576}			
{S 578}	418.60 INFECTION CONTROL The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases. This STANDARD is not met as evidenced by:	{S 578}			
{S 579}	418.60(a) PREVENTION The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This STANDARD is not met as evidenced by:	{S 579}			
{S 596}	418.64(d)(1) COUNSELING SERVICES Counseling services must include, but are not limited to, the following: (1) Bereavement counseling. The hospice must: (i) Have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling. (ii) Make bereavement services available to the family and other individuals in the bereavement	{S 596}			

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{S 596}	Continued From page 10 plan of care up to 1 year following the death of the patient. Bereavement counseling also extends to residents of a SNF/NF or ICF/MR when appropriate and identified in the bereavement plan of care. (iii) Ensure that bereavement services reflect the needs of the bereaved. (iv) Develop a bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of service delivery. A special coverage provision for bereavement counseling is specified in §418.204(c). This STANDARD is not met as evidenced by:	{S 596}			
{S 704}	418.108 SHORT-TERM INPATIENT CARE This CONDITION is not met as evidenced by:	{S 704}			
{S 705}	418.108 SHORT-TERM INPATIENT CARE Inpatient care must be available for pain control, symptom management, and respite purposes, and must be provided in a participating Medicare or Medicaid facility. This STANDARD is not met as evidenced by:	{S 705}			
{S 707}	418.108(a)(2) INPATIENT CARE PAIN & SYMPTOM CONTROL	{S 707}			

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{S 707}	Continued From page 11 [Inpatient care for pain control and symptom management must be provided in one of the following:] (2) A Medicare-certified hospital or a skilled nursing facility that also meets the standards specified in §418.110(b) and (e) regarding 24-hour nursing services and patient areas. This STANDARD is not met as evidenced by:	{S 707}			
{S 710}	418.108(b)(2) INPATIENT CARE FOR RESPITE PURPOSES The facility providing respite care must provide 24-hour nursing services that meet the nursing needs of all patients and are furnished in accordance with each patient's plan of care. Each patient must receive all nursing services as prescribed and must be kept comfortable, clean, well-groomed, and protected from accident, injury, and infection. This STANDARD is not met as evidenced by:	{S 710}			
{S 711}	418.108(c)(1) INPATIENT CARE PROVIDED UNDER ARRANGEMENTS If the hospice has an arrangement with a facility to provide for short-term inpatient care, the arrangement is described in a written agreement, coordinated by the hospice and at a minimum specifies- (1) That the hospice supplies the inpatient	{S 711}			

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{S 713}	Continued From page 13 occurred at the facility; that a copy of the discharge summary be provided to the hospice at the time of discharge; and that a copy of the inpatient clinical record is available to the hospice at the time of discharge; This STANDARD is not met as evidenced by:	{S 713}			
{S 714}	418.108(c)(4) INPATIENT CARE PROVIDED UNDER ARRANGEMENTS [If the hospice has an arrangement with a facility to provide for short-term inpatient care, the arrangement is described in a written agreement, coordinated by the hospice and at a minimum specifies-] (4) That the inpatient facility has identified an individual within the facility who is responsible for the implementation of the provisions of the agreement; This STANDARD is not met as evidenced by:	{S 714}			
{S 715}	418.108(c)(5) INPATIENT CARE PROVIDED UNDER ARRANGEMENTS [If the hospice has an arrangement with a facility to provide for short-term inpatient care, the arrangement is described in a written agreement, coordinated by the hospice and at a minimum specifies-] (5) That the hospice retains responsibility for ensuring that the training of personnel who will be	{S 715}			

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{S 715}	Continued From page 14 providing the patient's care in the inpatient facility has been provided and that a description of the training and the names of those giving the training is documented; This STANDARD is not met as evidenced by:	{S 715}			
{S 716}	418.108(c)(6) INPATIENT CARE PROVIDED UNDER ARRANGEMENTS [If the hospice has an arrangement with a facility to provide for short-term inpatient care, the arrangement is described in a written agreement, coordinated by the hospice and at a minimum specifies-] (6) A method for verifying that the requirements in paragraphs(c)(1) through (c)(5) of this section are met. This STANDARD is not met as evidenced by:	{S 716}			
{S 782}	418.112(f) ORIENTATION AND TRAINING OF STAFF Hospice staff must assure orientation of SNF/NF or ICF/MR staff furnishing care to hospice patients in the hospice philosophy, including hospice policies and procedures regarding methods of comfort, pain control, symptom management, as well as principles about death and dying, individual responses to death, patient rights, appropriate forms, and record keeping requirements.	{S 782}			

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